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all three tests for Yes No X	a spouse or dependent child because they meet all three tests for	earned" income, or liabilities of a committee on Ethics.	<b>EXEMPTION</b> — Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent ch exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
ave you excluded Yes No X	ther "excepted trusts" need not be disclosed. He	mmittee on Ethics and certain o	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?
QUESTIONS	N - ANSWER BOTH OF THESE QUESTIONS	RUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO
COMPLETE	THAT YOU ARE REQUIRED TO COMPLETE	ILY THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
3	HEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU	ATTACH THE C
\$5,000 from a Yes X No Years?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No X	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
arrangement with an Yes No X	Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes X No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
the reporting has No No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No X	A Did you, your spouse, or your dependent child:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
	TIONS	<u>H</u> OF THESE QUES	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1, 2017 to MAY 31, 2018	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee  Employing Office:
(Office Use Only)	Check if Amendment	7 8 TX	New Member of or Candidate for State:  U.S. House of Representatives District:  Candidates - Date of Election: 8-2-18
18 JUN 18 AM II: 35	hone:	Daytime Telephone:	Name: George S. Flinn, Jr.
Page 1 of LEGISLATIVE RESOURCE CENTER	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Greatge S.

B. Hum Robins to	137	ABC Hedge Fund X	Examples:	SP, DC, Mega Corp Stook EIF	For park and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.  For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period), and any financial income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, blease refer to the instruction booldet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	y (a) each asset held for invidence of income and with a fair mating \$1,000 at the end of the reportable asset or source than \$200 in	Assets and/or Income Sources	BLOCK A
>.	*	×	Indefinite	×	None         >           \$1-\$1,000         □           \$1,001-\$15,000         □           \$15,001-\$50,000         □           \$50,001-\$100,000         □           \$100,001-\$250,000         □           \$250,001-\$500,000         □           \$500,001-\$1,000,000         □           \$5,000,001-\$25,000,000         □           \$5,000,001-\$25,000,000         □           \$25,000,001-\$25,000,000         □           \$25,000,001-\$25,000,000         □           \$25,000,001-\$25,000,000         □           \$25,000,001-\$25,000,000         □           \$25,000,000         □           \$25,000,000         □		included only because it generated income, the value should be "None." "Column M is for assets held by your spouse or dependent child in which you have no interest.	Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting period and is	Value of Asset	BLOCK B
*	×	Partnership	Royalies	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	-	2 4 5	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, internet and realists rains.	Type of Income	BLOCK C
*		×	× ×	×	None		"Column XII is for assets held by your spouse or dependent child in which you have no interest. The	nts For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other as assets indicate the category of income by checking the appropriate box below. Dividends, Interest, and sck capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. The Check "None" if no income was samed or generated.	Amount of Income	BLOCK D

SCHEDULE A -
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Name: George S Flinn Jr

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Name: George S Flinn Jr

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Express Scripts Co	Ebay Inc	Dell Technologies	Costco Wholesale	Cardinal Health Inc	CME Group Inc	Black Hills Corp	Bed Bath & Beyond	Amgen Inc	RJames2886 cash	Sector spdr-energy	SPDR Hi-yield etf	Powersh Global etf	Ishares Pfd Stk etf	Ishares Mdcp etf	ASSET NAME OF		Assets and/or Income Sources	BLOCK A
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Name: George S Flinn Jr Page 16

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Name: George S Flinn, Jr.

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Name: George S. Flinn, Jr.

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<b>(</b> -	<b>V</b> -	_		\ \=	K -	<b>.</b>	<b>\</b> -		_		K 2					Spouse/DC income over \$1,000,000* 골	nt of in
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	Ĺ	L	<b></b>	L	<u> </u>	L	İ			<u> </u>		<u> </u>	Ĺ	j		Spouse-CC Income over \$1,000,000" 🚔	

Name: George S. Flinn, Jr.

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	Regions bank-cash	Navy Fed Cr Union	Skin Clinics, LLC	Pimco Inc Fd	1st Trust Inc Fd	Blackrock Muni Fd	FTB Advisor-cash	Kailua, HI TV, LLC	WOXF-FM license	ASSET NAME OF		Assets and/or income Sources	BLOCKA
											None >		
										<u>.</u>	\$1-\$1,000 w		
		×				<u> </u>		<u> </u>			\$1,001- <b>\$</b> 15,000 C		
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					<u> </u>	ļ	-	<u> </u>			\$1,000,001-\$5,000,000 —	2.	
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				-		<u> </u>		ļ			Spouse/DC Asset over \$1,000,000*		
	-			ļ	ļ	ļ	<u> </u>	-			NONE		
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								1	1		EXCEPTED/BLIND TRUST	36	õ
		$\overline{}$	:		<b>i</b>	<b>†</b>	<del>                                     </del>	<del>                                     </del>		NA. 24818990 9990	TAXOSFERED	Ž	
			<u>~</u>			the second secon	The second secon				Other Type of income (Specify: e.g., Pastnership Income or Farm Income)	-	
				ļ				$\succeq$	ゝ		None		
			_	<u> </u>	<u>.</u>	ļ	$\times$	ļ	ļ		\$1-\$200 ==		
	×	××	:	<u> </u>							\$201-\$1,000 ##		
						$\times$					\$1,001-\$2,500		
			<u>×</u>	$\succeq$	$\geq$	L		<u> </u>	<b>_</b>		\$2,501-\$6,000 < <sup>2</sup>		
				ļ					ļ		\$2,901-\$5,000 < CUTY   \$5,001-\$15,000		
	<u> </u>					<u> </u>		<u> </u>	<b></b>		\$15,001-356,000		
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				<u> </u>	ļ		<u> </u>	<u> </u>	-		\$100,001-\$1,000,000 👨	-	
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			4.	1			<u> </u>			ļ.,,	Spouse/DC income over \$1,000,000°	<u> </u>	BLOCKD
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	<del>  -  </del>				<u> </u>	<u> </u>	<u> </u>	<u> </u>			_ \$1-\$200 =	Š	
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<del></del>	<del>                                     </del>			<b>-</b> -	_	<u>×</u>	L.	┞			\$2,501-\$5,000 < \$3,001-\$15,000		
	<b>├</b>		-	$\sim$	>		<u> </u>	<u> </u>	<del>                                     </del>		\$5,001-\$15,000 \$		
	<del>                                     </del>		×	ļ	-		-	-			\$15,001-\$80,000 ≤ 3		
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	├──├				ļ	<u> </u>	<u> </u>		<del> </del>		\$100,00141,000,000 ×		
	+		-	-	_		<u> </u>	-	<del> </del>		\$1,000,001-\$5,000,000 ×		
	+-+		+-			<del>                                     </del>			-		Own 15,000,000		
								2	3		Spouse/DC income over \$1,000,000* 💥		

#### SCHEDULE C - EARNED INCOME

Name: George S. Flinn, Ir. Page 21 랓

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**INCOME LIMITS and PROHIBITED INCOME**: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Course (include date of receipt for hoppyrarie)	Type	Am	Amount
Source (ilicidde date of lecelpt for liotoralia)	- ype	Current Year to Filing	Preceding Year
ABC Trade Association, Beltimore, MD (July 15)	Honoranum	\$0	\$500
Examples: Civil War Roundtable (Oct. 2) Chisrio County Board of Education	Spouse Speech Spouse Salary	\$20,000 \$0	\$75,000 \$1,000 N/A
Diagnostic Ultrasound Consultants, P.C. Salary	Salary	60,466	385,789
Finn Broadcasting Corporation	Salary	9216	26,000
	~		,
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#### SCHEDULE D - LIABILITIES

Name: George S. Flinn, Jr.

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period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting exceeded \$10,000. liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period \*Column K is for liabilities held solely by your spouse or dependent child.

				SP.		·········
			Example			
			First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	۶	
				\$15,001- \$50,000	200	
				\$50,001- \$100,000	Ö	
			×	\$100,001- \$250,000		
				\$250,001- \$500,000	m	Amount of Liability
				\$500,001- \$1,000,000	-n	of Li
		-		\$1,000,001- \$5,000,000	<u> </u>	ability
				\$5,000,001- \$25,000,000	Ξ.	
-				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000		
				Over \$1,000,000* (Spouse/DC Liability)	~	

#### SCHEDULE E - POSITIONS

or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting seriod and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
tresident	Flinn Broadcasting Corporation
President	Diagnostic Ultrasound Consultants, P.C.
President	Broadcasting for the Challenged, Inc.
Director	Christian Worldview Broadcasting Corporation

#### SCHEDULE F - AGREEMENTS

Name: George
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Jr.
 Page 23 o
23

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

Date	Parties to Agreement	Terms of Agreement
		None
•	7	

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)  Doe Jones & Smith, Hometown, Homestate  Accounting Services  Accounting Services  Accounting Services			
Doe Jones & Smith, Homestate  (All included on Schea		Source (Name and City/State)	Brief Description of Duties
(All included on Schedule C)	Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
			(All included on Schedule C)